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PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/811,237
Filing Date	March 15, 2001
First Named Inventor	Karapet Ablabutyan
Art Unit	3652
Examiner Name	Keenan, James W.
Attorney Docket Number	23451-037

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Concise Explanation; Patent Appl. Fee; IDS Form; 28 Cited Refs; Check for \$180.00; Cert. of Mail. & Return Receipt Postcard.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Num	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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Remarks

GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Manatt, Phelps & Phillips, LLP Ziye J. Zhou (Reg. No. 41,423)
Signature	
Date	October 28, 2003

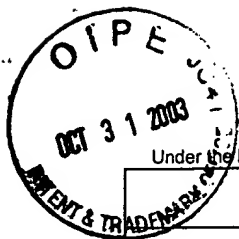
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed	Kendra Staedler	Date	October 28, 2003
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: C mmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitution Form PTO-875

Application or Docket Number
09/811,237 (23451-037)

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 = *	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$
x \$	=
x \$	=
+ \$	=
TOTAL	

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* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 50	Minus ** 50	= 0
Independent (37 CFR 1.16(b))	* 8	Minus *** 8	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37CFR1.16(d))			

RATE	ADDI-TIONAL FEE
x \$	= \$0.00
x \$	= \$0.00
+ \$	= \$0.00
TOTAL ADD'L FEE	\$0.00

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AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37CFR1.16(d))			

RATE	ADDI-TIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

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AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37CFR1.16 (d))			

RATE	ADDI-TIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

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OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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